

SERFF Tracking Number:	FDMC-126068367	State:	Arkansas
Filing Company:	Fidelity Investments Life Insurance Company	State Tracking Number:	41970
Company Tracking Number:	TERM-2009 GEN		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Term Life Insurance		
Project Name/Number:	Term Life Insurance Application /TERM-2009 GEN		

## Filing at a Glance

Company: Fidelity Investments Life Insurance Company

Product Name: Term Life Insurance

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: FDMC-126068367 State: Arkansas

SERFF Status: Closed-Approved-  
Closed

Co Tr Num: TERM-2009 GEN

Author: Denise Gosselin

Date Submitted: 03/25/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/27/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 05/01/2009

State Filing Description:

## General Information

Project Name: Term Life Insurance Application

Project Number: TERM-2009 GEN

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/27/2009

Deemer Date:

Submitted By: Denise Gosselin

Filing Description:

March 25, 2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/24/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/27/2009

Created By: Denise Gosselin

Corresponding Filing Tracking Number: TERM-  
2009 GEN

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: FDMC-126068367 State: Arkansas  
Filing Company: Fidelity Investments Life Insurance Company State Tracking Number: 41970  
Company Tracking Number: TERM-2009 GEN  
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other  
Product Name: Term Life Insurance  
Project Name/Number: Term Life Insurance Application /TERM-2009 GEN

Re: Fidelity Investments Life Insurance Company  
NAIC # 93696-981 FEIN # 23-2164784  
Term Life Form Number(s): TERM-2009 GEN

Dear Commissioner/Director:

Enclosed for your review and approval is application form no. TERM-2009 GEN. This form is a revision to the previously filed and approved form number TERM-2001-02 which was approved on 10/26/2001. This form will be used by Fidelity Investments Life Insurance Company "FIL"; a Utah domiciled insurance company.

The enclosed application will replace existing application form number TERM-2001-02 and will be used with policy form number FTL-99200 which was approved by your Department on March 9, 2000. Form number FTL-99200 is an individual renewable Term Life insurance plan with premiums guaranteed to be level for 10, 15 or 20 years. This product will be marketed through direct mail, Fidelity branch offices and on our website. This new form does not contain any unusual or possibly controversial items from normal company or industry standards. We have made some minor changes to the application. We have included a marked and clean application for your review. We will begin using this application on or around May 1, 2009, or after we have received a number of approvals from the states. Any changes to this application will only affect newly issued policies and will not affect any in-force policies.

If you have any questions or comments, please call me at (617) 563-8561. We thank you in advance for your immediate attention.

Sincerely,

Denise Gosselin  
Senior Legal Product Manager  
denise.gosselin@fmr.com

## Company and Contact

### Filing Contact Information

Denise Gosselin, Senior Legal Product Manager	denise.gosselin@fmr.com
82 Devonshire Street	617-563-8561 [Phone]
Boston, MA 02109	617-385-2476 [FAX]

SERFF Tracking Number: FDMC-126068367 State: Arkansas  
Filing Company: Fidelity Investments Life Insurance Company State Tracking Number: 41970  
Company Tracking Number: TERM-2009 GEN  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Term Life Insurance  
Project Name/Number: Term Life Insurance Application /TERM-2009 GEN

### Filing Company Information

Fidelity Investments Life Insurance Company CoCode: 93696 State of Domicile: Utah  
82 Devonshire St. Group Code: Company Type:  
Boston, MA 02109 Group Name: State ID Number:  
(617) 563-8561 ext. [Phone] FEIN Number: 23-2164784  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: 1 application X \$20 = \$20  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Investments Life Insurance Company	\$20.00	03/25/2009	26683141

SERFF Tracking Number:	FDMC-126068367	State:	Arkansas
Filing Company:	Fidelity Investments Life Insurance Company	State Tracking Number:	41970
Company Tracking Number:	TERM-2009 GEN		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Term Life Insurance		
Project Name/Number:	Term Life Insurance Application /TERM-2009 GEN		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/27/2009	03/27/2009

<i>SERFF Tracking Number:</i>	<i>FDMC-126068367</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Investments Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41970</i>
<i>Company Tracking Number:</i>	<i>TERM-2009 GEN</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Term Life Insurance Application /TERM-2009 GEN</i>		

## Disposition

Disposition Date: 03/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FDMC-126068367</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Investments Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41970</i>
<i>Company Tracking Number:</i>	<i>TERM-2009 GEN</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Term Life Insurance Application /TERM-2009 GEN</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Term Life Application		Yes

SERFF Tracking Number: FDMC-126068367 State: Arkansas

Filing Company: Fidelity Investments Life Insurance Company State Tracking Number: 41970

Company Tracking Number: TERM-2009 GEN

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: Term Life Insurance

Project Name/Number: Term Life Insurance Application /TERM-2009 GEN

## Form Schedule

**Lead Form Number: TERM-2009 GEN**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TERM-2009 GEN	Application/ Term Life Application Revised Enrollment Form		Replaced Form #: TERM-2001-02 Previous Filing #:	50.000	TERM-2009 GEN.pdf

# Term Life Application

Application Number: \_\_\_\_\_

Fidelity Investments Life Insurance Company ("FILI") is a Utah domiciled company.



## I Proposed Insured

1. Full Name (First, Middle, Last):
2. Resident Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Sex: ☐ Male ☐ Female
4. Date of Birth:
5. Social Security Number:
6. Daytime Phone Number: \_\_\_\_\_ Evening Phone: \_\_\_\_\_
7. Birthplace: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
8. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_
9. Occupation:  
a) Duties:  
b) Annual Earned Income: \$ \_\_\_\_\_
10. Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

## II Owner Applicant (If other than Proposed Insured)

11. Full Name (First, Middle, Last):
12. Resident Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
13. Relationship to Proposed Insured:
14. Social Security Number/Tax ID:

## III Beneficiary(ies) (The percentage(s) allocated to the Primary and Contingent Beneficiary(ies) must be in whole numbers and add up to 100%. If nothing is indicated, the % share will be pro rata.)

15. **Primary Beneficiary:** (If you need additional space, please attach a piece of paper to this application)

Full Name	Relationship	% Share
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16. **Contingent Beneficiary:** (If you need additional space, please attach a piece of paper to this application)

Full Name	Relationship	% Share
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## IV Plan Features

17. **Level Premium Guarantee:** (Premium is guaranteed for the level premium period. Subject to change thereafter.)

☐ 10 yr ☐ 15 yr ☐ 20 yr

18. Face Amount: \$

(If an amount is not selected, we will assume a face amount of \$250,000, the minimum amount we issue to Primary Insureds.)

19. Purpose of Insurance: ☐ Personal ☐ Business

20. Frequency of Payment: ☐ Annual ☐ Semiannual ☐ Monthly automatic payment plan

21. Method of Payment: ☐ Credit Card ☐ Check

22. Send Premium Notices to: ☐ Insured ☐ Owner ☐ Other (name/address):

Full Name (First, Middle, Last):

Resident Address:

City:

State:

Zip Code:

## V Existing or Pending Insurance on Proposed Insured

23. Do you have any existing life insurance policies or pending applications? ☐ Yes\* ☐ No

(\*If yes, please complete the information below)

**\*Name of Company**

**Policy Number**

**Face Amount**

24. Have you ever been rated and/or declined for Life, Health or Disability Insurance? ☐ Yes ☐ No

## VI Replacement

25. Will this policy applied for replace or change any existing life insurance or annuity? ☐ Yes\* ☐ No

(\*If yes, please complete the information below)

**\*Name of Company**

**Policy Number**

**Face Amount**

## VII General Questions for Proposed Insured

(\*If any questions are answered "yes" please review the "Details Page" on section IX.)

\*26. In the last 2 years have you flown or do you intend in the future to fly as a student pilot, pilot or crew member? ☐ Yes ☐ No

\*27. In the past 3 years have you had 3 or more moving violations? ☐ Yes ☐ No

a) In the past 5 years have you been convicted of reckless driving or driving under the influence of alcohol or drugs, or had your driver's license suspended or revoked? ☐ Yes ☐ No

\*28. In the past 2 years have you engaged in or do you have any future plans for: ballooning, parachuting, hang gliding, vehicle racing, scuba diving, mountain climbing or any other similar sport or avocation? ☐ Yes ☐ No

\*29. Have you ever been convicted or are you awaiting trial for a felony? ☐ Yes ☐ No

\*30. Do you have any plans to live or travel outside of North America in the next 2 years? ☐ Yes ☐ No

\*31. Are you a citizen of the United States? ☐ Yes ☐ No

\*32. In the last 10 years, have you applied for disability benefits? ☐ Yes ☐ No

## VIII Health Statement Questions

(\*If any questions are answered "yes" please review the "Details Page" on section IX.)

33. What is the name and address of your personal physician?

Name of physician:

Address of physician:

Date and reason that you last consulted your physician and treatment result:

Date:

Reason:

34. What is your height?

Feet:

Inches:

35. What is your weight? lbs.

\*a) Have you lost more than 10 lbs in the last year?

☐ Yes ☐ No

\*36. Do you now or have you in the last 60 months, used tobacco or a nicotine product in any form?

☐ Yes ☐ No

\*37. Have your parents or siblings died from or been diagnosed with cardiovascular disease or cancer of any kind prior to the age of 60?

☐ Yes ☐ No

\*38. Within the past 10 years, have you been diagnosed by a physician or other practitioner as having:

☐ Yes ☐ No

a) chest pain, high blood pressure, stroke or TIA, or any other disease or disorder of the heart or blood vessels?

☐ Yes ☐ No

b) a tumor, cancer or any lump or growth that required medical intervention?

☐ Yes ☐ No

c) diabetes, thyroid problem or any other disease or disorder of the glands?

☐ Yes ☐ No

d) asthma, shortness of breath, or any other respiratory disease or disorder?

☐ Yes ☐ No

e) anxiety, depression or any other mental or nervous disease or disorder that required medical treatment or hospitalization?

☐ Yes ☐ No

\*39. Other than previously mentioned, in the last 5 years, have you had any diagnostic tests or have any been scheduled for the future?

☐ Yes ☐ No

\*40. Have you ever been diagnosed or treated by a member of the medical profession as having AIDS or ARC?

☐ Yes ☐ No

\*41. In the last 10 years, have you:

a) used drugs (including but not limited to marijuana, cocaine, amphetamines, barbiturates, hallucinogens, heroin or other derivatives of opium) other than as prescribed by a physician?

☐ Yes ☐ No

b) ever received, or been advised to seek, counseling or treatment for substance abuse, including drugs and alcohol, or ever attended any self-help group such as Alcoholics Anonymous (AA) or Narcotics Anonymous?

☐ Yes ☐ No

\*42. Other than already mentioned, in the last 2 years have you taken or been advised to take any drug or medicine prescribed by a physician or other practitioner?

☐ Yes ☐ No

\*43. To the best of your knowledge, do you now or have you in the last 10 years had any mental or physical impairment or disease not already described in this application?

☐ Yes ☐ No





## **X Amendments to this Application**

It is expressly agreed that:

Fidelity Investments Life Insurance Company (the Company) is authorized to amend this application by an appropriate notation in order to correct any apparent errors or omissions or by attaching an addendum sheet to the policy. However, no change in date of birth of the insured, plan of insurance, amount, or benefits shall be effective unless agreed to in writing by the Proposed Insured and the applicant if other than the Proposed Insured. The acceptance of any policy issued as a result of this application shall constitute an acceptance of such amendments as well as the acceptance of the beneficiary designation and ownership of such policy.

## **XI Agreements to this Application**

I understand and agree that:

The application, policy, riders and endorsements/amendments attached to the policy constitute the entire contract. Only the President, the Secretary, or an Assistant Secretary of the Company has the power, on behalf of the Company, to change, modify, or waive any provisions of this policy. No agent or Fidelity Investments Representative or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions. No agent or Fidelity Investments Representative or medical examiner is authorized to: accept risks; pass on insurability; make or alter provisions; or waive any of the other rights or requirements of the Company. Notice to or knowledge imputed to any Fidelity Investments Representative or medical examiner will not be notice to the Company unless it is set out in writing in this application. I have read all statements and answers in this application and to the best of my knowledge and belief, they are true, complete and correctly stated. My answers will be the basis for any policy issued based on this application.

## **XII Authorization to this Application**

I, the Proposed Insured, authorize or acknowledge:

The disclosure of medical and other relevant information about me for the purpose of determining eligibility for insurance. Those entities listed below to disclose such information to the Fidelity Investments Life Insurance Company or its reinsurers, and to testify as to such information, all to the extent permitted by law; any physician, medical professional, hospital, clinic, or other medically related facility; any insurance or reinsurance company; any consumer reporting agency; other insurance support organizations; any employer; the Medical Information Bureau, Inc.; or any other person, organization, or institution that has any records or knowledge of me or of my health. Fidelity Investments Life Insurance Company to release information to its reinsuring companies, and may make a brief report to the Medical Information Bureau, Inc. That this Authorization will be valid for two years and six months from the date shown below, and that a photocopy of it will be as valid as the original. That I may receive a copy of this Authorization upon request. That I have received the Investigative Consumer Reports Notice, the Privacy Notice and the Important Notice with this application.

## **XIII Signatures to this Application**

(The signatures below indicate acceptance of this "Amendments to this Application" "Agreement to this Application," and "Authorization to this Application" for determining eligibility for insurance.)

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_  
City State

Signature of Proposed Insured  
(if minor, signature of legal guardian)

Witness to Signature of Proposed Insured

Signature of Owner/Applicant  
(if other than Proposed Insured)

Witness to Signature of Owner/Applicant

### **Fidelity Investments Representative Information** (For Fidelity Use only)

I certify that to the best of my knowledge and belief, the applicant ☐ does **OR** ☐ does not have any existing policies or contracts.

To the best of my knowledge and belief, this policy ☐ will **OR** ☐ will not replace any other insurance or annuity.

Signature of Fidelity Investments Representative

Date:

Rep Code:

Branch Code:

Below are states Fraud Notices that apply only in certain states. Please read the following notices carefully to see if any apply in your state.

Arkansas, Colorado, Kentucky, New Mexico, Pennsylvania and Washington, DC: "Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties."

California: For your protection, California Law requires the following to appear on this form. "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison."

Florida: "Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Kentucky: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime."

Louisiana: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Oklahoma: "WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

Ohio: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Tennessee and Washington: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

<i>SERFF Tracking Number:</i>	<i>FDMC-126068367</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Investments Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41970</i>
<i>Company Tracking Number:</i>	<i>TERM-2009 GEN</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Term Life Insurance Application /TERM-2009 GEN</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> GEN001P1.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Attached is the previously approved application. This application was approved on October 26, 2001. It has been marked up to show the changes that have been made.		
<b>Attachment:</b> Term-2001-02(marked).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> Sub_Ltr.pdf		

## CERTIFICATION OF READABILITY

State of

Form Number

Flesch Readability Score

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of

\_\_\_\_\_.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date







# Term Life Application



Application Number: \_\_\_\_\_

Fidelity Investments Life Insurance Company ("FIL") is a Utah domiciled company.

## I Proposed Insured

1. Full Name (First, Middle, Last):

2. Resident Address:

City:

State:

Zip Code:

3. Sex: ☐ Male ☐ Female

4. Date of Birth:

5. Social Security Number:

6. Daytime Phone Number:

Evening Phone:

7. Birthplace: State:

Country:

8. Driver's License #:

State:

9. Occupation:

a) Duties:

b) Annual Earned Income: \$

10. Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

## II Owner Applicant (If other than Proposed Insured)

11. Full Name (First, Middle, Last):

12. Resident Address:

City:

State:

Zip Code:

13. Relationship to Proposed Insured:

14. Social Security Number/Tax ID:

## III Beneficiary(ies) (The percentage(s) allocated to the Primary and Contingent Beneficiary(ies) must be in whole numbers and add up to 100%. If nothing is indicated, the % share will be pro rata.)

15. **Primary Beneficiary:** (If you need additional space, please attach a piece of paper to this application)

Full Name	Relationship	% Share
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16. **Contingent Beneficiary:** (If you need additional space, please attach a piece of paper to this application)

Full Name	Relationship	% Share
-----------	--------------	---------

## IV Plan Features

17. **Level Premium Guarantee:** (Premium is guaranteed for the level premium period. Subject to change thereafter.)

☒ 5yr ☐ 10 yr ☐ 15 yr ☐ 20 yr

~~18. **10-YR Level Premium Guarantee:** (Premium is guaranteed for 10 years. Subject to change thereafter.) (May not be available in all states.)~~

~~☒ 15 yr ☒ 20 yr~~

19. Face Amount: \$

(If an amount is not selected, we will assume a face amount of \$250,000, the minimum amount we issue to Primary Insureds.)

20. Purpose of Insurance: ☐ Personal ☐ Business

21. Frequency of Payment: ☐ Annual ☐ Semiannual ☐ Monthly automatic payment plan

22. Method of Payment: ☐ Credit Card ☐ Check

23. Send Premium Notices to: ☐ Insured ☐ Owner ☐ Other (name/address:)

Full Name (First, Middle, Last):

Resident Address:

City:

State:

Zip Code:

## V Existing or Pending Insurance on Proposed Insured

24. Do you have any existing life insurance policies or pending applications?

☐ Yes\* ☐ No

(\* If yes, please complete the information below)

\*Name of Company

Policy Number

Face Amount

25. Have you ever been rated and/or declined for Life, Health or Disability Insurance?

☐ Yes ☐ No

## VI Replacement

26. Will this policy applied for replace or change any existing life insurance or annuity?

☐ Yes\* ☐ No

(\* If yes, please complete the information below)

\*Name of Company

Policy Number

Face Amount

## VII General Questions for Proposed Insured

(\*If any questions are answered "yes" please review the "Details Page" on section IX.)

\*27. In the last 2 years have you flown or do you intend in the future to fly as a student pilot, pilot or crew member? ☐ Yes ☐ No

\*28. In the past 2 years have you had 3 or more moving violations? ☐ Yes ☐ No

a) In the past 5 years have you been convicted of reckless driving or driving under the influence of alcohol or drugs, or had your drivers license suspended or revoked? ☐ Yes ☐ No

\*29. In the past 2 years have you engaged in or do you have any future plans for: ballooning, parachuting, hang gliding, vehicle racing, scuba diving, mountain climbing or any other similar sport or avocation? ☐ Yes ☐ No

\*30. Have you ever been convicted or are you awaiting trial for a felony? ☐ Yes ☐ No

\*31. Do you have any plans to live or travel outside of North America in the next 2 years? ☐ Yes ☐ No

\*32. Are you a citizen of the United States? ☐ Yes ☐ No

\*33. In the last 10 years, have you applied for disability benefits? ☐ Yes ☐ No

**VIII****Health Statement Questions**

(\*If any questions are answered "yes" please review the "Details Page" on section IX.)

34. What is the name and address of your personal physician?

Name of physician:

Address of physician:

Date and reason that you last consulted your physician and treatment result:

Date:

Reason:

35. What is your height?

Feet:

Inches:

36. What is your weight? lbs.

\*a) Have you lost more than 10 lbs in the last year?

☐ Yes ☐ No

\*37. Do you now or have you in the last 24 months, used tobacco or a nicotine product in any form?

☐ Yes ☐ No

\*38. Have your parents or siblings died from or been diagnosed with cardiovascular disease or cancer of any kind prior to the age of 60?

☐ Yes ☐ No

\*39. Within the past 10 years, have you been diagnosed by a physician or other practitioner as having:

a) chest pain, high blood pressure, stroke or TIA, or any other disease or disorder of the heart or blood vessels?

☐ Yes ☐ No

b) a tumor, cancer or any lump or growth that required medical intervention?

☐ Yes ☐ No

c) diabetes, thyroid problem or any other disease or disorder of the glands?

☐ Yes ☐ No

d) asthma, shortness of breath, or any other respiratory disease or disorder?

☐ Yes ☐ No

e) anxiety, depression or any other mental or nervous disease or disorder that required medical treatment or hospitalization?

☐ Yes ☐ No

\*40. Other than previously mentioned, in the last 5 years, have you had any diagnostic tests or have any been scheduled for the future?

☐ Yes ☐ No

\*41. Have you ever been diagnosed or treated by a member of the medical profession as having AIDS or ARC?

☐ Yes ☐ No

\*42. In the last 10 years, have you:

a) used drugs (including but not limited to marijuana, cocaine, amphetamines, barbiturates, hallucinogens, heroin or other derivatives of opium) other than as prescribed by a physician?

☐ Yes ☐ No

b) ever received, or been advised to seek, counseling or treatment for substance abuse, including drugs and alcohol, or ever attended any self-help group such as Alcoholics Anonymous (AA) or Narcotics Anonymous?

☐ Yes ☐ No

\*43. Other than already mentioned, in the last 2 years have you taken or been advised to take any drug or medicine prescribed by a physician or other practitioner?

☐ Yes ☐ No

\*44. To the best of your knowledge, do you now or have you in the last 10 years had any mental or physical impairment or disease not already described in this application?

☐ Yes ☐ No





## X Amendments to this Application

It is expressly agreed that:

Fidelity Investments Life Insurance Company (the Company) is authorized to amend this application by an appropriate notation in order to correct any apparent errors or omissions or by attaching an addendum sheet to the policy. However, no change in date of birth of the insured, plan of insurance, amount, or benefits shall be effective unless agreed to in writing by the Proposed Insured and the applicant if other than the Proposed Insured. The acceptance of any policy issued as a result of this application shall constitute an acceptance of such amendments as well as the acceptance of the beneficiary designation and ownership of such policy.

## XI Agreements to this Application

I understand and agree that:

The application, policy, riders and endorsements/amendments attached to the policy constitute the entire contract. Only the President, the Secretary, or an Assistant Secretary of the Company has the power, on behalf of the Company, to change, modify, or waive any provisions of this policy. No agent or Fidelity Investments Representative or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions. No agent or Fidelity Investments Representative or medical examiner is authorized to: accept risks; pass on insurability; make or alter provisions; or waive any of the other rights or requirements of the Company. Notice to or knowledge imputed to any Fidelity Investments Representative or medical examiner will not be notice to the Company unless it is set out in writing in this application. I have read all statements and answers in this application and to the best of my knowledge and belief, they are true, complete and correctly stated. My answers will be the basis for any policy issued based on this application.

## XII Authorization to this Application

I, the Proposed Insured, authorize or acknowledge:

The disclosure of medical and other relevant information about me for the purpose of determining eligibility for insurance. Those entities listed below to disclose such information to the Fidelity Investments Life Insurance Company or its reinsurers, and to testify as to such information, all to the extent permitted by law; any physician, medical professional, hospital, clinic, or other medically related facility; any insurance or reinsurance company; any consumer reporting agency; other insurance support organizations; any employer; the Medical Information Bureau, Inc.; or any other person, organization, or institution that has any records or knowledge of me or of my health. Fidelity Investments Life Insurance Company to release information to its reinsuring companies, and may make a brief report to the Medical Information Bureau, Inc. That this Authorization will be valid for two years and six months from the date shown below, and that a photocopy of it will be as valid as the original. That I may receive a copy of this Authorization upon request. That I have received the Investigative Consumer Reports Notice, the Privacy Notice and the Important Notice with this application.

## XIII Signatures to this Application

(The signatures below indicate acceptance of this "Amendments to this Application" "Agreement to this Application," and "Authorization to this Application" for determining eligibility for insurance.)

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Proposed Insured  
(if minor, signature of legal guardian)

\_\_\_\_\_  
Witness to Signature of Proposed Insured

\_\_\_\_\_  
Signature of Owner/Applicant  
(if other than Proposed Insured)

\_\_\_\_\_  
Witness to Signature of Owner/Applicant

### Fidelity Investments Representative Information (For Fidelity Use only)

I certify that to the best of my knowledge and belief, the applicant ☐ does **OR** ☐ does not have any existing policies or contracts.  
To the best of my knowledge and belief, this policy ☐ will **OR** ☐ will not replace any other insurance or annuity.

\_\_\_\_\_  
Signature of Fidelity Investments Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Rep Code:

\_\_\_\_\_  
Branch Code:



Below are states Fraud Notices that apply only in certain states. Please read the following notices carefully to see if any apply in your state.

Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma, Pennsylvania and Washington, DC: "Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties."

California: For your protection, California Law requires the following to appear on this form. "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison."

Florida: "Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Maine: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Tennessee: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."



March 25, 2009

Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Fidelity Investments Life Insurance Company  
NAIC # 93696-981 FEIN # 23-2164784  
Term Life Form Number(s): TERM-2009 GEN

Dear Commissioner/Director:

Enclosed for your review and approval is application form no. **TERM-2009 GEN**. This form is a revision to the previously filed and approved form number TERM-2001-02 which was approved on 10/26/2001. **This form will be used by Fidelity Investments Life Insurance Company "FILF"; a Utah domiciled insurance company.**

The enclosed application will replace existing application form number **TERM-2001-02** and will be used with policy form number **FTL-99200** which was approved by your Department on March 9, 2000. Form number FTL-99200 is an individual renewable Term Life insurance plan with premiums guaranteed to be level for 10, 15 or 20 years. This product will be marketed through direct mail, Fidelity branch offices and on our website. This new form does not contain any unusual or possibly controversial items from normal company or industry standards. We have made some minor changes to the application. We have included a marked and clean application for your review. We will begin using this application on or around May 1, 2009, or after we have received a number of approvals from the states. Any changes to this application will only affect newly issued policies and will not affect any in-force policies.

If you have any questions or comments, please call me at (617) 563-8561. We thank you in advance for your immediate attention.

Sincerely,

*Denise Gosselin*

Denise Gosselin  
Senior Legal Product Manager  
denise.gosselin@fmr.com